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**Diseases In Part I must be casually related. Coroner cannot certify to a death due to natural causes.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1957

STATE FILE NUMBER 57-22187

Registration District No. 294 Primary Registration District No. 2056 Registrar's No. 1521

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>UTAH</b> b. COUNTY <b>UTAH</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MOBERLY</b>		c. CITY OR TOWN <b>SALT LAKE CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>DIED ON WABASH</b> INSTITUTION <b>TRAIN No. 9</b>		d. STREET ADDRESS <b>3333 EDISON ST.</b>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>PEYTON</b> Last <b>JUSTICE</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>26</b> Year <b>1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN. 22, 1901</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CONSTRUCTION WORKER</b>		11. BIRTHPLACE (City and state or country) <b>FAYETTEVILLE, ARK.</b>	
13. FATHER'S NAME <b>GEORGE JUSTICE</b>		14. MOTHER'S MAIDEN NAME <b>ISABEL WISE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES 1917-1920</b>		17. INFORMANT Address <b>MRS. J. P. JUSTICE - SLC, UTAH</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>Arteriosclerotic coronary occlusion</b> DUE TO (c) <b>Myocardial insufficiency due to arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Silico-Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b> <b>3 year</b> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>7</b> Month <b>6</b> Day <b>26</b> Year <b>1957</b> a. m. <b>A</b> p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>SALT LAKE CITY, UTAH</b>	
21. I attended the deceased from <b>June 26, 57</b> to <b>June 26, 57</b> and last saw him alive on <b>June 26, 57</b> . Death occurred at <b>7</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Charles L. Shuler M.D.</b>		22b. ADDRESS <b>Moab, UT</b>	
22c. DATE SIGNED <b>6-26-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>JUNE 27, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Utah</b>	23d. LOCATION (City, town, or county) (State) <b>SALT LAKE CITY, UTAH</b>
24. FUNERAL DIRECTOR <b>MAHAN FUNERAL SERVICE</b>		25. DATE RECD. BY LOCAL REG. <b>6/27/57</b>	
26. REGISTRAR'S SIGNATURE <b>Leah L. Shuler</b>			

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 1957

JUL 2 1957

AUG 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *John A. Green*  
Licensed Embalmer No. 381

P. O. Address *Mt. Pleasant*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.